

**TITLE 471
SERVICES**

NEBRASKA MEDICAL ASSISTANCE PROGRAM

CHAPTER 14 OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

001. SCOPE AND AUTHORITY. These regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

002. DEFINITIONS.

002.01 INTERVENTION. A therapeutic procedure defined by the Current Procedural Terminology (CPT) manual of the American Medical Association.

002.02 MOBILIZATION OR MANUAL THERAPY. A group of techniques comprising a continuum of skilled passive movements to the joints or related soft tissues, or both, throughout the normal physiological range of motion that are applied at varying speeds and amplitudes, without limitation.

002.03 OCCUPATIONAL THERAPIST (OT). A person holding a current license to practice occupational therapy (OT).

002.04 OCCUPATIONAL THERAPY (OT). The use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the process of aging, in order to maximize independent function, prevent further disability, and achieve and maintain health and productivity. Occupational therapy (OT) encompasses evaluation, treatment, and consultation, and may include:

- (A) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;
- (B) Adaptation of task, process, the environment, or the teaching of compensatory techniques, in order to enhance performance;
- (C) Disability prevention methods and techniques which facilitate the development or safe application of performance skills; and
- (D) Health promotion strategies and practices which enhance performance abilities.

002.05 OCCUPATIONAL THERAPY ASSISTANT (OTA). A person holding a current license to assist in the practice of occupational therapy (OT).

002.06 PHYSICAL AGENT MODALITIES. Modalities that produce a bio-physiological response through the use of water, temperature, sound, electricity, or mechanical devices.

002.07 PHYSICAL THERAPIST (PT). A person licensed to practice physical therapy (PT).

002.08 PHYSICAL THERAPIST ASSISTANT (PTA). A person certified as a physical therapist assistant (PTA).

002.09 PHYSICAL THERAPY (PT) OR PHYSIOTHERAPY. Physical therapy or physiotherapy means:

- (A) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations, and disabilities or other conditions related to health and movement and, through analysis of the evaluative process, developing a plan of therapeutic intervention and prognosis while assessing the ongoing effects of the intervention;
- (B) Alleviating impairment, functional limitation, or disabilities by designing, implementing, or modifying therapeutic interventions, which does not include the making of a medical diagnosis, but which may include any of the following:
 - (i) Therapeutic exercise;
 - (ii) Functional training in home, community, or work integration or reintegration related to physical movement and mobility;
 - (iii) Therapeutic massage;
 - (iv) Mobilization or manual therapy;
 - (v) Recommendation, application, and fabrication of assistive, adaptive, protective, and supportive devices and equipment;
 - (vi) Airway clearance techniques;
 - (vii) Integumentary protection techniques;
 - (viii) Non-surgical debridement and wound care;
 - (ix) Physical agents or modalities;
 - (x) Mechanical and electrotherapeutic modalities; and
 - (xi) Patient-related instruction;
- (C) Purchasing, storing, and administering topical and aerosol medication in compliance with applicable rules and regulations of the Board of Pharmacy regarding the storage of such medication;
- (D) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness; and
- (E) Engaging in administration, consultation, education, and research.

002.10 TAKE HOME SUPPLIES. Expendable or specified reusable supplies required for care of a medical condition and used in the beneficiary's home.

002.11 WORK HARDENING. An occupational rehabilitation program that is focused on assisting the injured worker to return to the job while minimizing the risk of re-injury.

002.12 TREATING PRACTITIONER. Providers licensed and authorized to order therapy services and to prescribe durable medical equipment, prosthetics, orthotics, and medical supplies (DMEPOS) include physicians, nurse practitioners, clinical nurse specialists, and physician assistants.

003. PROVIDER REQUIREMENTS.

003.01 GENERAL PROVIDER REQUIREMENTS. To participate in Nebraska Medicaid, providers of physical therapy (PT) and occupational therapy (OT) services must comply with all applicable provider participation requirements codified in these regulations .

003.02 SPECIFIC PROVIDER REQUIREMENTS.

003.02(A) LICENSED OCCUPATIONAL THERAPIST ASSISTANTS (OTA) AND CERTIFIED PHYSICAL THERAPIST ASSISTANTS (PTA). Nebraska Medicaid does not enroll occupational therapy assistants (OTA) or physical therapy assistants (PTA) as providers. Services provided by an occupational therapy assistant (OTA) are covered by Nebraska Medicaid when all requirements of this chapter are met.

004. SERVICE REQUIREMENTS.

004.01 MEDICAL NECESSITY. Medical necessity requirements are outlined in these regulations. . Services and supplies that do not meet the requirements are not covered.

004.02 SERVICE CRITERIA. Nebraska Medicaid covers occupational therapy (OT) and physical therapy (PT) services when the following criteria are met:

- (i) The service is an evaluation; or
- (ii) The service is restorative therapy with a medically appropriate expectation that the beneficiary's condition will improve significantly within a reasonable period of time; or
- (iii) The service is recommended in an approved individual program plan (IPP), and the beneficiary is receiving services through one of the following waiver programs:
 - (1) Developmental Disabilities (DD) Adult Comprehensive Services Waiver;
 - (2) Developmental Disabilities (DD) Adult Residential Services Waiver;

- (3) Developmental Disabilities (DD) Adult Day Services Waiver;
- (4) Community Supports Waiver; or
- (5) Home and Community Based Services Waiver for Children with Developmental Disabilities and their Families.

004.03 SERVICES FOR BENEFICIARIES AGE 21 AND OLDER. For beneficiaries age 21 and older, Nebraska Medicaid covers a combined total of 60 therapy sessions per fiscal year . The combined total of 60 therapy sessions per fiscal year includes all occupational therapy (OT), physical therapy (PT), and speech therapy sessions provided to the beneficiary.

004.04 COVERED SERVICES. Nebraska Medicaid covers occupational therapy (OT) or physical therapy (PT) services when the following criteria are met:

- (1) The services are ordered by a licensed physician, nurse practitioner (NP), or a treating practitioner;
- (2) The services are medically necessary;
- (3) The services are such that only a licensed occupational therapist (OT) or physical therapist (PT) can safely and effectively perform the service; and
- (4) The services are offered through a home health agency.

004.04(A) MAINTENANCE PROGRAM. The occupational therapist (OT) or physical therapist (PT) must:

- (i) Evaluate the beneficiary's needs;
- (ii) Design a maintenance program; and
- (iii) Instruct the beneficiary, family members, or nursing facility staff in carrying out the program.

004.04(B) ORTHOTIC APPLIANCES AND DEVICES. Nebraska Medicaid covers orthotic appliances and devices when medically necessary for the beneficiary's condition, and when the orthotic appliance or device is used during the therapy session.

004.04(C) SUPPLIES. Nebraska Medicaid covers supplies used during the course of treatment that require application by the occupational therapist (OT) or physical therapist (PT) when they are not incidental to the procedure.

004.05 NON-COVERED OCCUPATIONAL THERAPY (OT) OR PHYSICAL THERAPY (PT) SERVICES. Nebraska Medicaid does not cover occupational therapy (OT) or physical therapy (PT) services in the following situations:

- (A) Maintenance therapy ;

- (B) Therapy for hardening, vocational, prevocational assessment, and training;
- (C) Therapy for functional capacity evaluations, educational testing, drivers training, training in non-essential self-help or recreational activities, training related to a learning disability or attention disorder, visual perception training, or treatment of psychological conditions;
- (D) In-service training for nursing facility staff which is not beneficiary specific;
- (E) Rental of equipment; or
- (F) Take home supplies.

005. BILLING AND PAYMENT FOR OCCUPATIONAL THERAPY (OT) AND PHYSICAL THERAPY (PT) SERVICES.

005.01 GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in these regulations .

005.02 BILLING INSTRUCTIONS. The provider must bill Nebraska Medicaid using the appropriate claim form or electronic format.

005.03 USUAL AND CUSTOMARY CHARGE. The provider or the provider's authorized agent must submit the provider's usual and customary charge for each procedure code listed on the claim.

005.04 MEDICAL NECESSITY DOCUMENTATION. The provider must provide the following information when submitting a claim for occupational therapy (OT) or physical therapy (PT) services:

- (A) The date of illness or injury onset;
- (B) The date the occupational therapy (OT) or physical therapy (PT) plan established;
- (C) The date occupational therapy (OT) or physical therapy (PT) services started; and
- (D) The number of occupational therapy (OT) or physical therapy (PT) visits from onset.

005.05 HOME HEALTH AGENCY. Services offered through a home health agency require prior authorization.

005.06 PAYMENT FOR INDIVIDUAL PROVIDERS. Claims are paid by Nebraska Medicaid for covered occupational therapy (OT) or physical therapy (PT) services at the lower of:

- (1) The provider's submitted charge; or

- (2) The allowable amount for that Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect on the date that the service was rendered.

